



**MUSCOGEE (CREEK) NATION  
HOUSING DIVISION**

**MORTGAGE ASSISTANCE PROGRAM (MAP)  
ADMISSIONS APPLICATION**

**PROGRAM OBJECTIVE**

The objective of the Mortgage Assistance Program (MAP) is to:

- (a) Provide eligible Native American families with the opportunity to become homeowners.
- (b) Establish objective and reasonable policies for the participant criteria of the Mortgage Assistance Program (MAP).

**Mail Complete To:**

**HOUSING AUTHORITY OF THE CREEK NATION OF OKLAHOMA  
ATT: MORTGAGE ASSISTANCE PROGRAM (MAP)  
P.O. Box 297  
Okmulgee, OK 74447  
Phone: (918) 759-4137 or toll free 1-800-259-5050**

**ORIGINAL APPLICATIONS ONLY  
NO COPIES OR FACSIMILES WILL BE ACCEPTED**

## **Mortgage Assistance Program (MAP) Admissions Application Checklist**

**Please use the following checklist to make sure all pertinent documents are submitted with the Mortgage Assistance Program (MAP) Admissions Application. Copies of the following items are to be submitted with the application. Only complete applications will be processed.**

**NOTE: PLEASE MAKE SURE ALL COPIES ARE READABLE.**

### **ALL APPLICATIONS**

- \_\_\_\_\_ Creek Citizenship Card.
- \_\_\_\_\_ CDIB/Citizenship Card for co-applicant/spouse (if applicable).
- \_\_\_\_\_ Drivers License for applicant and co-applicant.
- \_\_\_\_\_ Social Security Cards for anyone in the household.
- \_\_\_\_\_ Pay stub(s) covering the most current 30 days, for anyone in the household 18 years of age or older with verifiable income.
- \_\_\_\_\_ W-2's, 1099's, etc. for the most current year.
- \_\_\_\_\_ Most current year full tax returns for both federal and state (copies must include all schedules and attachments and be signed).
- \_\_\_\_\_ Bank statements covering the most current two months for all checking and savings accounts.
- \_\_\_\_\_ Completed Expendable Cost Worksheet (enclosed).
- \_\_\_\_\_ Medical Release Form (enclosed, if applicable).
- \_\_\_\_\_ Original Employment Verification for anyone in the household 18 years of age or older with verifiable income (enclosed)

### **IF YOU ARE SELF-EMPLOYED**

- \_\_\_\_\_ Copies of the last two years personal and business federal and state income tax returns (must be signed).
- \_\_\_\_\_ Year-to-date Profit and Loss Statement and Balance Sheet.
- \_\_\_\_\_ Most current six months bank statements.

### **IF YOU HAVE DECLARED BANKRUPTCY IN THE LAST 7 YEARS**

- \_\_\_\_\_ Complete copy of Bankruptcy papers (Petition/Decree, Schedule of Creditors, Discharge, etc.).
- \_\_\_\_\_ Please write a letter of explanation on why you filed for bankruptcy.

### **IF YOU HAVE BEEN DIVORCED**

- \_\_\_\_\_ Complete signed copy of all divorce decrees, including any stipulations or modifications.
- \_\_\_\_\_ Proof of receipt of child support payments for the last 24 months (only if you intend to use this income to qualify for your mortgage loan).

### **MISCELLANEOUS ITEMS (If applicable)**

- \_\_\_\_\_ Most current 401K, IRA, or Investment Account (mutual funds, stocks, bonds, etc.) statements.
- \_\_\_\_\_ Name and address of landlord(s) for the last 24 months, if you are currently renting or have rented in the past 24 months.
- \_\_\_\_\_ If you or your spouse is not employed, please submit a notarized statement verifying that you are unemployed.
- \_\_\_\_\_ If you have graduated from high school or college during the last two years, enclose a copy of your diploma.
- \_\_\_\_\_ Social Security, VA, Retirement, AFDC, or SSI, Award Letters.
- \_\_\_\_\_ Please submit an explanation letter for any past or present credit issues.

## ***MORTGAGE ASSISTANCE PROGRAM***

(Please note: Any information received will not be released to anyone, in accordance with the Privacy Act of 1974, P L 93-579.)

Name of Applicant: \_\_\_\_\_

Joint Applicant (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_ Contact/Message: \_\_\_\_\_

### **Applicant**

Tribe \_\_\_\_\_

Blood Quantum \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **Joint Applicant (if applicable)**

Tribe \_\_\_\_\_

Blood Quantum \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **Please answer the following questions completely and honestly:**

1. Are you or have you ever been a Mutual Help Housing participant: Yes / No
2. If yes, whose name is on the MHOA or NAHASDA contract? \_\_\_\_\_
3. Have you previously abandoned a HUD assisted home operated by this or another Housing Authority? Yes / No
4. Do you have/owe any debts incurred from prior occupancy of a HUD-assisted home at this or any other Housing Authority? Yes / No
5. Have you ever been evicted for noncompliance with the provisions of a MHOA/NAHASDA or rental lease?  
Yes / No (If yes, please explain): \_\_\_\_\_
6. Have you or your spouse ever applied for or received any type of assistance through the Creek Nation Housing Division or Creek Nation Housing Authority?  
Yes / No (If yes, please explain): \_\_\_\_\_

7. Have you been involuntarily displaced from your home by natural disaster, government action, or fire (does not include arson by homebuyer or criminal act)? Yes / No
8. Have you applied for or been approved for a mortgage loan? Yes / No
9. If yes, with whom have you applied or been approved? \_\_\_\_\_
10. How much were you approved for: \_\_\_\_\_
11. What is the price range of a home that you will be interested in purchasing, or constructing? \_\_\_\_\_
12. If assistance is granted, do you intend to use the home as your principle place of residence? Yes / No
13. If assistance is granted, do you have the ability to provide the required maintenance of the home? Yes / No
14. Current Residence: \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Lease \_\_\_\_\_ Live with relatives  
\_\_\_\_\_ Other \_\_\_\_\_
15. Years at current residence: \_\_\_\_\_
16. Have you ever had a mortgage? Yes / No
17. Do you currently have a mortgage? (if yes, please explain) Yes / No

18. Type of water/sewer system where you are requesting assistance: Rural Water District: \_\_\_\_\_ Well: \_\_\_\_\_ Pond: \_\_\_\_\_ City: \_\_\_\_\_

19. Do you have a current application with Indian Health Service for water and sanitation services? Yes / No

20. List **all** person(s), **including yourself**, living in the household on a permanent basis, household members must be verified by tax returns.

<u>NAME</u>	<u>SSN#</u>	<u>D.O.B.</u>	<u>RELATIONSHIP</u>	<u>INCOME SOURCE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

21. Is there anyone in the household handicapped and/or disabled? Yes / No (If yes, give name and explain).

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22. Please check any credit issues within the last 2-4 years (only those which apply to you).

\_\_\_\_\_ Bankruptcy (Date of discharge \_\_\_\_\_ )

\_\_\_\_\_ Delinquency (30, 60, or 90 days)

\_\_\_\_\_ Foreclosures (Date \_\_\_\_\_ )

\_\_\_\_\_ Overdrawn Bank Accounts (closed by the bank)

\_\_\_\_\_ Excessive Credit Inquiries

\_\_\_\_\_ Judgments (medical bills, garnishments, etc.)

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

23. Have issues been resolved? (Circle one) Yes / No

24. Type of home being purchased, or constructed (if applicable)

\_\_\_\_\_ Brick or rock \_\_\_\_\_ Home with wood or vinyl siding \_\_\_\_\_ Modular home/Mobile home \_\_\_\_\_ Other

## SIGNATURES

I have answered all questions to the best of my ability and knowledge. I hereby authorize the MCN Division of Housing to order a consumer credit report and communicate with any individuals and/or companies that will be necessary in processing my application for Mortgage Assistance. The information within this application is true and correct and I realize that falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use of obtaining of federal funds.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Applicant/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

### For Housing Division Use Only

### ADMISSION CERTIFICATION

**This application has been reviewed and been determined to meet the “admission eligibility requirements” for the Mortgage Assistance Program.**

\_\_\_\_\_  
Reviewed by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Title:

## Authorization for the Release of Information/ Privacy Act Notice

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

### Signatures

Head of Household	Date	Other Family Member over age 18	Date
Social Security Number (if any) of Head of Household			
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Please complete the following information:**

**EXPENDABLE COSTS WORKSHEET**

NOTE: Some of the following items may not be standard monthly costs, but are usually an expense at some point every year. Please estimate the yearly cost of these items and divide the yearly cost by 12 to establish an approximate monthly cost. (Dr Visits, clothing, prescriptions, laundry/dry cleaning, entertainment)

<b>Expense Items</b> (items required for daily living, or personal use. Indefinite expenses)	<b>MONTHLY COST</b>
Current Rent	\$
Utilities (gas, electric, water, telephone, garbage)	\$
Cable/Satellite	\$
Groceries (food, paper products, diapers, etc )	\$
Transportations (gasoline, bus, parking)	\$
Car Insurance	\$
Medical Insurance (even if payroll deducted)	\$
Medical Bills (Dr. Visits, prescriptions)	\$
Clothing	\$
Child Care/Baby Sitter	\$
Cell Phone/Pager Bill	\$
Laundry/Dry Cleaning	\$
Entertainment (movies, fun-parks clubs, etc )	\$
Other (please describe)	\$
<b>TOTAL EXPENSE PAYMENTS</b>	<b>\$</b>
Debt Payments (obligations you have made to pay monthly that will take longer than 6 months to pay off)	
Car Payment	\$
Car Payment	\$
Credit Card-(circle one) Visa, MasterCard, Discover, American Express, other _____	\$
Credit Card-(circle one) Visa, MasterCard, Discover, American Express, other _____	\$
Credit Card-Department Store _____	\$
Student Loans please give the total amount owed even if still deferred - \$ .00	\$
Child Support Payments	\$
Personal Loan	\$
Personal Loan	\$
<b>TOTAL DEBT PAYMENTS</b>	<b>\$</b>
<b>Total Expenses + Total Debts = Total Expendable Costs</b>	<b>\$</b>



## **EMPLOYMENT VERIFICATION**

I hereby authorize the release of any employment information that would assist me in my application with the Mortgage Assistance Program.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### **Please have your employer complete the following information:**

#### **EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Employee is paid: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other:

#### **EMPLOYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Authorized Personnel Signature \_\_\_\_\_

**(Signature must be notarized)**

Title: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF OKLAHOMA

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COUNTY OF \_\_\_\_\_

### **ACKNOWLEDGMENT**

Before me, the undersigned, a Notary Public in and for said county and State on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposes therein set forth. Given under my hand and seal the day and year last above written.

Notary \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## **EMPLOYMENT VERIFICATION**

I hereby authorize the release of any employment information that would assist me in my application with the Mortgage Assistance Program.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### **Please have your employer complete the following information:**

#### **EMPLOYEE INFORMATION:**

Employee Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Title/Occupation: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Employee is paid: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other:

#### **EMPLOYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Authorized Personnel Signature \_\_\_\_\_

**(Signature must be notarized)**

Title: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_

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COUNTY OF \_\_\_\_\_

### **ACKNOWLEDGMENT**

Before me, the undersigned, a Notary Public in and for said county and State on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposes therein set forth. Given under my hand and seal the day and year last above written.

Notary \_\_\_\_\_

My Commission Expires: \_\_\_\_\_